

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

0005281

DOCUMENT # N98000002408

1. Entity Name

ST. ANDREW'S SOCIETY OF SOUTHWEST FLORIDA, INC.

03-29-2001 90413 050 ****61.25

Principal Place of Business

Mailing Address

**% US TRUST COMPANY OF FLORIDA
 765 SEAGATE DR.
 NAPLES FL 34103**

**C/O W MACILVAINE
 522 PINE GROVE LANE
 NAPLES FL 34103
 US**

00025002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

522 Pine Grove Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

4. FEI Number

59-3564206

Applied For

Not Applicable

Zip
34103

Country
USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**MACILVAINE, WILLIAM R
 522 PINES GROVE LANE
 NAPLES FL 34103**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

William R Macilvaire

3/26/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD MACILVAINE, WILLIAM R**
 STREET ADDRESS **522 PINE GROVE LANE**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE Change Addition
 NAME **PROUD JAMES**
 STREET ADDRESS **4021 Gulf Shore Blvd N. #804**
 CITY-ST-ZIP **Naples, FL 34103**

TITLE Delete
 NAME **VD GEBBIE, DOUGLAS M**
 STREET ADDRESS **7936 GRAND BAY DR**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE Change Addition
 NAME **D STARK, CALLUM**
 STREET ADDRESS **28524 Sombbrero Dr.**
 CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE Delete
 NAME **D MOLELEA, DANIEL JR**
 STREET ADDRESS **4780 WHISPERING PINE WAY**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE Change Addition
 NAME **D MOCCHIA TOM**
 STREET ADDRESS **5645 Eleuthera Way**
 CITY-ST-ZIP **Naples, FL 34119**

TITLE Delete
 NAME **SD CAMERON, DON**
 STREET ADDRESS **625 RUDDER RD.**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE Change Addition

TITLE Delete
 NAME **D BEAN, JOHN B**
 STREET ADDRESS **1285 GULF SHORE BLVD., #5-B**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE Change Addition

TITLE Delete
 NAME **D WOODHAMS, JOHN P**
 STREET ADDRESS **8171 BAY COLONY DR. #1001**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William R Macilvaire
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01
 Date

941261-1933
 Daytime Phone #

CR2E037 (10/00)